

Sheet 1 of 4

THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED

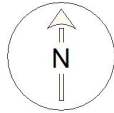
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
b3-114030

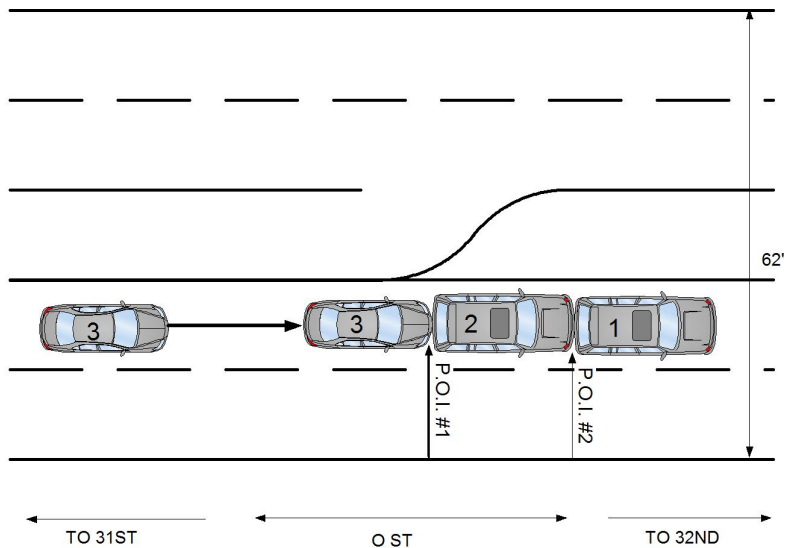


Indicate
North
by Arrow



POI #1
150' E OF E OF
31ST
16' N OF S OF O ST

POI #2
175 E OF E OF 31ST
16' N OF S OF O ST



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated she was EB on O ST/31-32, inside lane, stopping in traffic. D1 stated as she came to a stop, she heard a collision, then was rear ended by vehicle 2. D2 stated he was traveling directly behind V1. D2 stated he also slowed down when V1 slowed down and was rear ended by V3. D2 stated this caused his vehicle to collide with V1. D3 stated he observed traffic to stop abruptly. D3 stated he hit his breaks and his vehicle slid into the back of V2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																																				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																																											
1			X		O ST				<table border="1" style="width:100%; text-align: center;"> <tr><td>-</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>		-																<table border="1" style="width:100%; text-align: center;"> <tr><td>-</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>		-																VEH 1	1	VEH 2	3
-																																																
-																																																
2			X		O ST				<table border="1" style="width:100%; text-align: center;"> <tr><td>-</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>		-																<table border="1" style="width:100%; text-align: center;"> <tr><td>-</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>		-																Driver No. 1	Driver No. 2	Pedestrian	
-																																																
-																																																
1	11	06 Turning left			VEHICLE 1		VEHICLE 2		<div style="display: flex; justify-content: space-between;"> <div> 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown </div> <div> 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown </div> </div>		ALCOHOL TESTING	Y	N	Y	N	Y	N																															
2	11	08 Entering traffic lane			POINT OF IMPACT	05	POINT OF IMPACT	05			ALCOHOL LEVEL TESTED	N	X	N	X	N																																
				MOST DAMAGED AREA	05	MOST DAMAGED AREA	05					BAC LEVEL																																				
				<div style="display: flex; justify-content: space-between;"> <div> 00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other </div> <div> <table border="1" style="width:100%; text-align: center;"> <tr><td>02</td><td>03</td><td>04</td></tr> <tr><td>01</td><td></td><td>05</td></tr> <tr><td>08</td><td>07</td><td>06</td></tr> </table> </div> </div>				02	03	04	01		05	08	07	06			<table border="1" style="width:100%; text-align: center;"> <tr><td>4</td><td></td><td>4</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> </table>		4		4				4					<table border="1" style="width:100%; text-align: center;"> <tr><td>2</td><td></td><td>2</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> </table>		2		2				2					<div style="display: flex; justify-content: space-between;"> <div> 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown </div> <div> Driver No. 1 1 Driver No. 2 1 </div> </div>			
02	03	04																																														
01		05																																														
08	07	06																																														
4		4																																														
4																																																
2		2																																														
2																																																

OFFICER NO. 1664	TROOP/TEAM/BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jerad McBride		INVESTIGATOR SIGNATURE Approved by Officer Jerad McBride	DATE OF REPORT 12/11/2013

213046724
10858

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

063

Agency
Case No.

b3-114030

STATE USE ONLY

Amended

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

12/10/2013

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. O ST/31-32

Sequence
of Events

VEH. #	VEHICLE NO. <u>3</u>										VEH. #		
3	DRIVER LICENSE NO.		G02074203				STATE (Of License)		NE	SEX	<input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	3	
M	DRIVER DANIEL L ARNOLD						PHONE		4023017001		LOCAL NO.	1.	
10	DRIVER ADDRESS 3340 N 66TH ST, LINCOLN, NE 68507						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		01/09/1963	18	
N	OWNER DANIEL L ARNOLD						PHONE		4023017001		LOCAL NO.	2.	
1	OWNER ADDRESS 3340 N 66, LINCOLN, NE 68507						CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO		LB408203	3.	
O	LICENSE PLATE PA NO.		STX822		YEAR (Plate Expires)		2014		STATE (Of Plate)		NE	4.	
P	VEHICLE		YEAR 1998		MAKE Toyota		MODEL CAMRY		BODY STYLE 4 door Sedan		COLOR red	ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$	5.
Q	VEHICLE ID NO. (VIN)		4T1BG22K0WU380341				INSURANCE COMPANY FARMERS MUTAUL					18	
1	TOWED TO 101 CHARLESTON				TOWED BY CAPITAL TOWING				POLICY NO. AU284426				35

VEH. #	VEHICLE NO. <u>4</u>										VEH. #		
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4	
M	DRIVER						PHONE				LOCAL NO.	1.	
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.	
O	OWNER						PHONE				LOCAL NO.	3.	
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.	4.	
Q	LICENSE PLATE NO.				YEAR (Plate Expires)				STATE (Of Plate)			5.	
1	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	6.
4	VEHICLE ID NO. (VIN)						INSURANCE COMPANY						
1	TOWED TO				TOWED BY				POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE <u>3</u>				RESTRAINT USE VEHICLE <u>3</u>				TOTAL OCCUPANTS VEH <u>3</u> 1 VEH <u>4</u>				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME															
3			X		O ST															
4																				
3	01				06 Turning left				POINT OF IMPACT				1				1 None used - vehicle occupant			
4					07 Making U-turn				01				2				2 Lap & shoulder belt used			
					08 Entering traffic lane				MOST DAMAGED AREA				3				3 Shoulder belt only used			
					09 Leaving traffic lane				01				4				4 Lap belt only used			
					10 Parked				02				5				5 Child safety seat used			
					11 Slowing or stopped in traffic				03				6				6 Child booster seat used			
					12 Other				04				7				7 DOT approved helmet used			
					13 Unknown				05				8				8 Costume helmet used			
									06				9				9 Restraint use unknown			

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F
VEH. #	NAME				ADDRESS						Seat Position	Eject	Body Region	Injury Sev.	Trans.		
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.						
VEH. #	NAME				ADDRESS												
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.						
VEH. #	NAME				ADDRESS												
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.						

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

b3-114030

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1664		5	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Jerad McBride			Approved by Officer Jerad McBride		12/11/2013